

Name: Saylor Moretti
DOB: 9/7/19

Nursing Progress Note

Letty Owings Center
Phone: 503-235-3546
Fax: 503-235-3791

Date of Service: 9/30/19 Time: 0900

Staff Name: Alie Oyster, RN

REASON FOR TODAY'S VISIT: congestion

Client Name: Saylor Moretti	DOB: 9/7/19
Parent's Name (if client is a child): Nicole Moretti	DOB: 1/26/85
Primary Care Provider for client: Virginia Garcia Beaverton	Phone/fax:

Vital Signs

Temp: 98.1	Wt:	Length/Ht:	Resp: 38	Pulse: 160
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Current Medications (Medication/Dose/Frequency)

See MAR

Presenting Problem/Symptoms: Mother reports onset of congestion a few days ago. Has been trying to suction nose, though doesn't seem to get much out. No cough. Checked temp in armpit over the weekend and it was up to 99.8, though re-checked rectally and it was 98.6. Eating normally, 4oz every 2-3 hours. Has been having 6-10 wet diapers/day, 3 stools/day. Received call from PCP office re: scheduling f/u WCC. Plans to call back today.

Objective Findings: Alert active, NAD.

HEENT: normocephalic, nasal congestion noted

Skin: Warm and dry, appropriate color, appears well perfused. Normal cap refill.

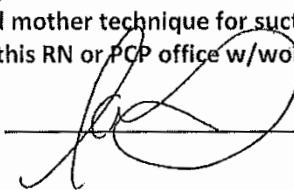
Lungs: RRR, lungs CTA, no wheeze or retractions.

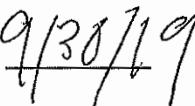
Assessment/Plan:

Congestion- offer fluids frequently, per Dr. Risser VO normal saline PRN prior to suctioning, steam from mother's hot shower, humidifier in room

Showed mother technique for suctioning nose and how to watch for retractions

F/U w/this RN or PCP office w/worsening or new onset of sx

Signed: 

Date: 

Name: Saylor Moretti DOB: 9/7/19

Intake Nursing Assessment (Infant/Child)

Today's Date: 9/16/19

Staff: Alie Oyster, RN

Client's Name: Saylor Moretti

DOB: 9/7/19

Mother's Name: Nicole Moretti

Health Insurance: OHP

PCP name: Virginia Garcia Beaverton

Phone: 503-352-6000

Dentist: N/A

Allergies: NKDA**No Current Health Concerns****Birth hx for this child:**

Delivered via C-section at 41 weeks at Providence St. Vincent, 7lb 4 oz at birth. Mother used meth and heroin in pregnancy, stopped heroin ~6 weeks prior to delivery, meth ~4 weeks prior to delivery. On buprenorphine for last 6 weeks of pregnancy. Used tobacco throughout. No delivery complications. No problems at birth. Scored on "a couple things" for withdrawal at birth (sneezing, tense), sx seem to have resolved. No time in NICU. Had f/u w/PCP on 9/13.

Nutritional info: Pumping and feeding child expressed milk r/t difficulty latching. Saw lactation consultant on 9/13 and was given nipple shield, which helps, though still has some trouble getting started. Also unsure how much he is getting at the breast. Supplementing with formula, as cannot pump enough to feed desired amount. Drinking 4 oz every 2-3 hours. Too many wet diapers/day to count. At least 4-6 stools/day, yellow.

Current Medications: Desitin PRN diaper rash, Vitamin D drops daily

Meds at LOC: No, sent to Propac though never arrived. Will send intake paperwork and have them sent tonight.

Medication Orders received: Yes**Med orders reviewed by RN:** Yes

Preventive Health Care:	Date	Comments
Last Well Child Check	9/13/19	Has f/u weight check and circumcision scheduled 9/20.
Last Dental Check	N/A	
Immunizations	Hep B at birth	

Objective:	Pulse:	Resp:	WT:	Temp:
Vital Signs:	160	50	7lb 0.5oz	98.1
Alert, active, calm and cooperative, NAD. Skin warm and dry, appropriate color, appears well perfused. Lungs CTA. Diffuse erythema noted to diaper region, no excoriation or e/o secondary infx.				

Assessment:

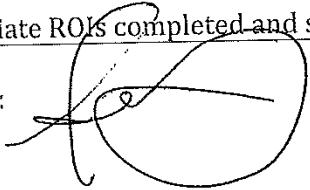
1. Newborn in stable condition
2. In utero substance exposure
3. Breastfeeding with formula supplementation, ~3% weight loss from birth weight, gaining since initial loss at ~1oz/day
4. Diaper rash

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Plan:

1. Encouraged routine f/u w/PCP for WCC for tracking growth/development. After 2 week check, will likely be recommended at 6 or 8 weeks.
2. Encouraged skin to skin to promote attachment/protect against w/d. Discussed "eat, sleep, console" as protective against NAS.
3. Encouraged maternal hydration, offer breast before bottle at each feed, encouraged frequent feeding/pumping to maintain supply. Supplement with pumped milk post feed, then formula. F/U 9/20 as scheduled w/lactation for weight check/support.
4. Encouraged frequent diaper changes w/barrier cream. Dry area thoroughly before applying treatment. Leave diaper region open to air as possible. Avoid securing diaper too tight to allow for air flow. Avoid wipes, cleanse with warm washcloth if able, add gentle soap if needed. Avoid scrubbing. F/U w/RN if sx do not resolve w/in a few days.

Appropriate ROIs completed and sent to provider(s): yes

Signature: 

Date: 9/17/19